The Hampden Hippocrat

OCTOBER 1970

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THE HAMPDEN HIPPOCRAT

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A bulletin for
The Hampden District of
The Massachusetts
Medical Society

Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

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EDITORIAL

OUR WOMEN — GOD BLESS THEM!

"I have found it impossible to carry the heavy burden of responsibility and to discharge my duties as King as I would wish to do without the help and support of the women I love." So spoke the Duke of Windsor in this famous abdication speech on December 11, 1936.

How many members of this Society realize that we, too, could not carry the heavy burdens of responsibility as doctors without the help and support of the women we love — our wives. And when was the last time we publicly or privately admitted this?

A doctor's wife is a sort of super human being who can teach a Sunday school class, play the piano, act as chauffeur, work as a full time hospital volunteer, use a typewriter, live in a fishbowl on display at all times, arrange banquets, dinner and dances, showers, and picnics, belong to a dozen and one societies, entertain guests graciously, answer the door bell and plan from sunrise to sunset, be a good housekeeper and raise exemplary, well-behaved, and well-adjusted children.

They make our home a "home-sweet-home." Home may be a man's castle, but she carries the keys to all the rooms. She bears his children even when very often she can't bear him. She is tireless! He is tiresome! She is loyal, charming and a better manager than he is in his office. We may often think she is a failure in handling our children, but how many of us turn into monsters when we get home after a busy day at the office and run smack-dab into a mischievous child. She may flirt, but she is surrounded by ten husbands who out do her.

God made women human, for they'd have to be so to forgive their human mates and offspring. God gave them a woman's heart which is the most forgiving one in all the universe.

Although we may not always get along with them, by the same token, we cannot get along without them. Therefore, let us doff our hats to the ladies. They merit every bouquet they ever got and every kiss they've ever received. They are the only creatures that make life worth living. *God bless every one of them!*

Oh the shrewdness of their
shrewdness when they're shrewd.
And the rudeness of their
rudeness when they're rude:
But the shrewdness of their
shrewdness and the rudeness
of their rudeness.
are nothing to their goodness
when they're good.

Zadworny

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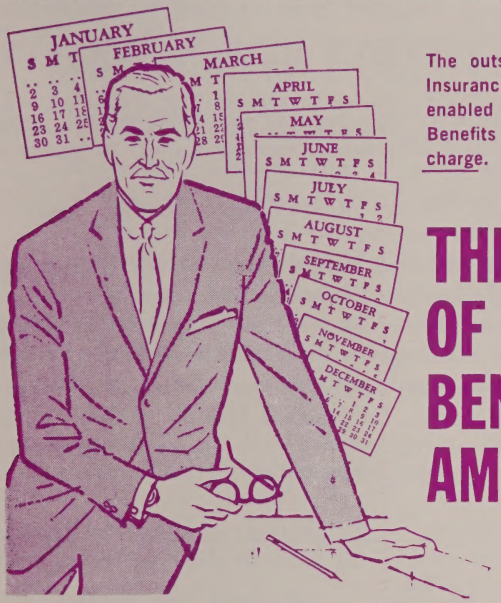

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"And after 312 weeks of total disability, the company will continue to pay full weekly total disability indemnity for the period of house or hospital confinement under Section B, not to exceed 208 weeks (4 years).

"Maximum sickness benefit period: 520 weeks.

"There will be no change in the current premium charges as the above extension will be granted free of cost."

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A MESSAGE
from
MRS. WILLIAM J. CUMMINGS
PRESIDENT, WOMAN'S AUXILIARY
to the
HAMPDEN DISTRICT MEDICAL SOCIETY

For the past two years, the Auxiliary has been involved in several large projects, a house tour, a health fair and a health careers program, to mention a few.

This year, we do not have a state oriented program and, therefore, hope to concentrate on Hampden District.

Our special efforts this year will be directed toward enlarging our scholarship fund. Applications were almost double last year over the previous year.

So many young men and women are worthy and deserving of help. Many will not be able to stay in school or even start without assistance. Even though we are not able to give full scholarships, our help is another brick in the foundation of a good education.

Last year, $1,800.00 was divided among seventeen of our twenty-seven applicants. It does not take a course in modern mathematics to realize much more is needed.

There is no need for me to tell anyone of the shortage of personnel in hospitals and doctors offices, etc. It is our goal to fill more of these vacancies with well trained people.

This cannot be accomplished without the help and cooperation of all of you. The *White Cap Ball* is our only source of funds. We hope to make every effort to increase our profit without raising the price. This does not mean we plan to cut corners!

Mrs. Joel Bettigole has been working very hard to keep up to our previous standards in the face of rising costs. It is our job to sell more tickets and work harder for more contributions.

Contributions to the scholarship fund at any time or for any occasion are always most welcome.

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Once again a beautiful setting has been provided for the Ball. Mrs. Bettigole has arranged to have it at Crestview Country Club in Agawam on November 7.

In October we will turn our attention to a most urgent topic — drugs. As physicians' wives, we are, perhaps, more aware of this problem than others. Rather than the medical angle, we will be taking a hard look at the legal aspects of the problem.

District Attorney Matthew J. Ryan will present to us his discussion panel and exhibit on drugs found in Hampden County. You will be surprised how many "pills" you will find in your own medicine cabinet.

Autumn will be a very busy season in Hampden District. We will welcome the Auxiliary to the Massachusetts Medical Society, who will hold their fall conference at the Schine Inn on October 25 and 26.

This is such a lovely time of year, we will be looking forward to seeing many of our own members there as well as friends from all over the state.

We will welcome new, prospective and foreign members at a Christmas Tea on December 10 at the home of Mrs. Leandre Giguere.

Mrs. Clinton Bagenstose, President of the Auxiliary to the Massachusetts Medical Society, will be guest of honor and installing officer at our annual meeting at Twin Hills Country Club on April 3.

All our endeavors throughout the year will be secondary to our obligation to the HDMS. We will be ready at any time to lend our assistance where ever it may be needed.

Mrs. Wm. J. Cummings

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A MESSAGE TO HAMPDEN

by

MRS. CLINTON H. BAGENSTOSE

PRESIDENT, WOMAN'S AUXILIARY

to the

MASSACHUSETTS MEDICAL SOCIETY

As the Auxiliary to the MMS, are we giving aid to lighten the load of our over-burdened physician-husbands? Are we helping to maintain the dignity of medicine in our communities? Are we consciously making a concerted effort to improve the climate of society to create a more wholesome place for our children to enter an adult world? (It's their world for better or for worse — there is no other place to go.)

It is for each individual member to face herself squarely with an honest personal answer. Your Auxiliaries are offering you a chance to gather forces and show that we care.

The following list of priority programs for 1970-1971 is geared for "Auxiliary Members Who Care Enough."

AMA-ERF — Raises funds to alleviate the shortage of physicians by making available loans for medical students.

Careers Mobile — "Horizons Unlimited" — Recruiting students for careers in health-related fields. Visits are made daily to junior and senior high schools.

Legislation — What are the facts of the proposed health insurances?

International Health — Providing medical aids, such as bandages, PDR's, etc., to less fortunate people abroad. Entertaining foreign doctors and their families who are in medical training in the United States.

Film Lending Library about Health Education — Films that teach about Drug Abuse, Alcoholism, Sex Education, Veneral Diseases, etc., are available on request for showing at any public affair. We do require that an Auxiliary member be present when our films are shown.

Physical Fitness — Our Fall Conference at the Schine Inn in Chicopee will feature "Generation in the Middle." The Woman's Auxiliary to the Hampden Medical Society is in charge of hospitality for the meetings.

November 28 through December 2 the Massachusetts Auxiliaries are honored to be hostesses for the Ladies' Program during the AMA Clinical Convention in Boston. Every member is cordially invited to serve on the Committee. The State Auxiliary office may be reached at 617-536-8812.

Marie E. Bagenstose

Ernest A. Byron, Jr.

* * * * * *

SPRINGFIELD

A MESSAGE TO HAMPDEN

by

MRS. R. C. L. ROBERTSON

PRESIDENT, WOMAN'S AUXILIARY

to the

AMERICAN MEDICAL ASSOCIATION

It is a privilege to be asked to send a message to your publication.

The focus of the Woman's Auxiliary to the American Medical Association in the beginning of this new decade will be on "The Responsible Adult" in the health picture. Too often we are inclined to think that health problems of our community should be the concern of others. We hope that each Auxiliary member will feel her individual responsibility for seeing that her community promotes the ultimate good health of all the people. This responsibility can be demonstrated through programs and projects that promote good health. Auxiliary members should take active leadership in all health related activities.

This year we begin also a program on "Adult Physical Fitness." we hope the physician's family through its example will guide others to good health. Such simple things as good nutrition, adequate rest, proper exercise and periodic medical check-ups are often not observed by the persons who should be most knowledgeable about them — the physicians' families.

Perhaps, the greatest offender is the doctor himself. Dr. William Krigsten, outgoing president of the Iowa Medical Society, in asking wives to take care of their husbands, said, "Doctors think nothing can happen to them — it can." Auxiliary members are going to endeavor to see that their husbands observe good health practices. We are willing to admit we have a selfish motive for these men are dear to us. However, the communities will also benefit for not only will we be setting a good example, but we will be preserving something for the community for each doctor is of infinite value to his fellowman.

So, doctor, if your wife seems extra solicitous, just remember there are 90,000 of us working on this project and we do it for your own good.

Marjorie Robertson

THE MEDICAL CREDITS DIVISION

Administered by an Operating Council comprised of Physicians, Dentists and Hospital representatives who are elected annually. Furnishes educational and professional assistance to its members in safe credit and collection procedures. Provides pre-collection aids and offers where required, an ethical, dignified, and efficient collection service.

For further information please telephone 736-4511, Ext. 46, Medical Credits Division, Credit Bureau, Inc. of Greater Springfield.

SUMMARY of 1969-70 ANNUAL REPORT to the WAHDMS

by

MRS. SAWYER E. MEDBURY
IMMEDIATE PAST PRESIDENT

Now that my year as President has passed, it is very pleasant to review our accomplishments.

We actually had only two general meetings which served to inform the general membership of the tremendous amount of work the committees had been carrying on behind the scenes.

Both meetings were very enjoyable socially, as 85 came to the beautiful Crestview Country Club last fall to see two acts of Plaza Suite performed by the Roundabout Theatre Players. At our annual meeting on April 14th, we were honored by the presence of our State President, Claire Bagenstose, as installing officer; and Kitty Broman, local television personality, as guest speaker.

Our membership is now 337, including 24 new, 7 resignations, and 3 deaths. During the year I held 5 board meetings, attended 4 state board meetings, many local ones, and spent countless hours on the phone.

In November, we held our gala "White Cap Ball" and realized over $1,800 for health career scholarship awards this year.

Also in November, we participated in a joint dinner meeting with our husbands and Dr. Gerald Dorman, AMA President, was the guest speaker.

In January we tried something new. Within a two week period, six local coffee hours were held, instead of having a single tea at Christmas time for new and prospective members. The turnout was terrific and the enthusiasm even better. This way, those in each community met to become better acquainted. If the weather was unfavorable, no one had far to drive; or if necessary, the date could be changed for that particular party. We were very pleased for two specific reasons, some members came who had not been to any auxiliary event in as many as ten years, and 12 of the new arrivals in the area are now members.

The month of February was spent putting the finishing touches on our preparations for the coming of the Health Careers Mobile. The unit was in our district for 6 weeks, visiting 13 high schools and 3 junior high schools. Coincidentally, the unit completed its tour with us the day of our annual meeting.

My officers, board, and the committees worked very hard throughout the year. This is what makes the Auxiliary so worthwhile and such a pleasure to be a part of.

Mrs Sawyer E. Medbury

50th ANNIVERSARY YEAR
TOROS OMARTIAN & SON, INC.
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The Woman's Auxiliary

to the

Hampden District Medical Society

requests the pleasure of the company

of its members and guests

at the

Annual White Cap Scholarship Ball

on Saturday, the seventh of November

Nineteen hundred and seventy

at seven o'clock

Crestview Country Club

Shoemaker Lane

Agawam, Massachusetts

Cocktails 7:00 *Black Tie*

Dinner 8:30 *Tables of Ten*

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Mrs Lawrence Metz 567-7851

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WOMAN'S AUXILIARY
to the
HAMPDEN DISTRICT MEDICAL SOCIETY
1970 - 1971
PROGRAM - OFFICERS

OCTOBER 13, 1970
Springfield Country Club
Speaker: District Attorney Matthew J. Ryan
Mr. Ryan will present his discussion panel and exhibit on drugs.

NOVEMBER 7, 1970
WHITE CAP BALL
Crestview Country Club, Agawam, Mass.
Chairman: Mrs. Joel Bettigole

DECEMBER 10, 1970
Christmas Tea: Welcome to New and Prospective and Foreign Members.
At the Home of: Mrs. Leandre Giguere
177 Springfield Street
Springfield, Mass.
Chairman: Mrs. Sante Caldarola

ANNUAL MEETING: APRIL 14, 1971
Twin Hills Country Club
Mrs. Clinton Bagenstose, President, Woman's Auxiliary to the MMS will be guest of honor and installing officer.
Program: Ickibani in the New England Home

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Mrs. Walter Mozden

Social
Mrs. Sante Caldarola

Telephone
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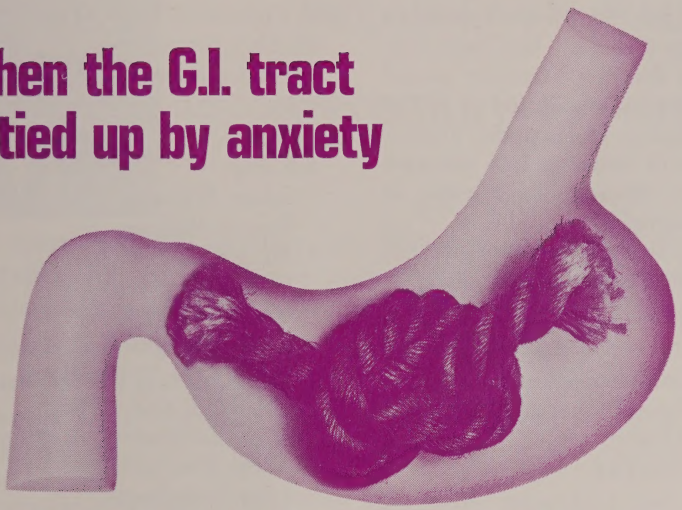
White Cap Ball
Mrs. Joel Bettigole

When the G.I. tract is tied up by anxiety



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Each capsule contains 10 mg. of Compazine® (brand of prochlorperazine), as the maleate, and 5 mg. of Darbid® (brand of isopropamide), as the iodide.

Before prescribing, see complete prescribing information, including symptoms and treatment of overdosage, in SK&F literature or *PDR*.

Contraindications: Patients with known hypersensitivity to prochlorperazine or isopropamide, existing drug-induced C.N.S. depression, glaucoma, pyloric obstruction, prostatic hypertrophy, bladder neck obstruction, obstructive intestinal lesions and/or ileus, a past history of phenothiazine-induced jaundice or blood dyscrasias, or in the presence of bone marrow depression. Nausea and vomiting associated with intestinal obstruction or brain tumor. Children under 12 years of age.

Warnings: Caution patients about concomitant use of alcohol and other C.N.S. depressants because of possible additive effects. Also caution against activities requiring mental alertness (driving, operating machinery). Use in pregnancy, nursing mothers, and in women of childbearing age only when necessary. An inhibiting effect on lactation may occur.

Precautions: Patients sensitive to other drugs may be more liable to have a reaction to prochlorperazine. Use with caution in elderly patients. Discontinue one week prior to I^{131} uptake and PBI tests, as the iodine in isopropamide iodide may alter results.

Adverse Reactions: Drowsiness, skin reactions, dry mouth, blurred vision, urinary retention, dilated pupils, photophobia, constipation and tachycardia. Less frequently, palpitation, nausea, dysphagia, fever, and nasal congestion. Rarely, hypotension, agranulocytosis, cholestatic jaundice, leukopenia, extrapyramidal symptoms (parkinsonism-like symptoms, spasticity, painful constriction of skeletal muscles, or dystonias, chiefly of head, neck and shoulders, oculogyric crises, carpopedal spasms) have occurred with prochlorperazine.

Other Adverse Effects reported with one or more phenothiazines: Some adverse effects are dose-related, others involve patient sensitivity; some occur more frequently in patients with special medical problems, for example, mitral insufficiency or pheochromocytoma. Opisthotonos, hyperreflexia, akathisia, dyskinesia, sometimes lasting months or years; *grand mal* convulsions; altered cerebrospinal fluid proteins; cerebral edema; potentiation of C.N.S. depressants (opiates, analgesics, antihistamines, barbiturates, alcohol) and atropine, heat and phosphorus insecticides; headache, adynamic ileus, inhibition of ejaculation; reactivation of psychotic processes, catatonic-like states, hypotension (sometimes fatal; cardiac arrest); pancytopenia, thrombocytopenic purpura, eosinophilia; lactation, galactorrhea, gynecomastia, menstrual irregularities, false positive pregnancy tests; photosensitivity, itching, erythema, urticaria, eczema, exfoliative dermatitis; asthma, laryngeal edema, angioneurotic edema, anaphylactoid reactions; peripheral edema; reversed epinephrine effect; hyperpyrexia; pigmentary retinopathy; with prolonged administration of substantial doses, skin pigmentation, epithelial keratopathy, and lenticular and corneal deposits.

EKG changes—particularly nonspecific, usually reversible Q and T wave distortions—have been reported, but relationship to myocardial damage is not confirmed. Sudden discontinuance in long-term patients may cause temporary nausea, vomiting, dizziness, tremulousness.

NOTE: Sudden death has been reported, though a relationship to phenothiazine administration has not been determined. In some cases the cause appeared to be asphyxia due to failure of the cough reflex; in others, no cause could be determined.

Supplied: Bottles of 50 capsules.

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WAHDMS SCHOLARSHIP AWARDS

From the proceeds derived from its annual "White Cap Ball" last November, the Woman's Auxiliary recently awarded 17 scholarships amounting to $1,800 to women residing in Hampden District and desirous of entering into our continuing their education in nursing or allied medical fields.

Below are listed the recipients and the schools they are attending:

HOLYOKE HOSPITAL
Nursing
Diane Andrewes
Linda Bruce
Phyllis Graham

MERCY HOSPITAL
Nursing
Donna Berard
Helen Harrington
Mary Anne McDonough
X-Ray Technician
Eleanor James

PROVIDENCE HOSPITAL
Medical Technology
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SPRINGFIELD HOSPITAL MEDICAL CENTER
Nursing
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Mary Ann French
Corinne Kennedy
Virginia Massey
Karen Murphy

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Lina Courchesne
Gail Wrinkle

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PRESIDENT'S PAGE

AUXILIARY EFFORTS

With more than 300 members, the Woman's Auxiliary to the Hampden District Medical Society is a mighty organization. By its good works, we have demonstrations perennially of "woman power" at its best (crucial home activities not considered comparatively in this context). As physicians, we are sustained and inspired by our marital counterparts as we witness their devotion and zeal in fund raising for scholarships; health career recruitment activities; and educational programs.

Even so, the majority of these same remarkable ladies have also joined with others of the community and breathed life into hospital auxiliaries. Physicians' wives have spent thousands of creative hours in this further example of service above self. Auxiliary hours calculated even at minimum wage levels indicate enrichment of our communities by hundreds of thousands of dollars in the past three decades. Had such large amounts of time been spent instead resting on chaise lounges and eating grapes, the entire Hampden District would be the worse for it.

As we move into the changing times of the seventies, let us hope that these fine efforts continue to benefit nursing education, hospitals, and accordingly patient care.

Meanwhile it is certain that we, as physicians, are proud to have such teammates. May the Womens' Liberation Movement leave this force for good deeds undisturbed.

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THE NEXT MEETING OF THE SPRINGFIELD ACADEMY OF MEDICINE

will be held on

TUESDAY, NOVEMBER 10, 1970

SPEAKER: Ann Goff, M.D.
Boston University School of Medicine

TOPIC: "Breathlessness and Its Investigation"

LOCATION: Providence Hospital

5:00 P.M. — Clinical Session

6:30 P.M. — Dinner

8:00 P.M. — Formal Lecture

(Dinner by reservation — call 734-5445)

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J. RODERICK DELEHANTY AT THE COUNTY MEDICAL SOCIETY

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WELL, IF I'M CAUGHT, I CAN ALWAYS CLAIM I WAS DOING PUSH-UPS.
Modell

CAN'T FIGURE IT OUT. I BROUGHT ALL THIS WINGEL AND NO ONE'S HERE. WHAT AM I GOING TO DO WITH ALL THIS ACID-DEVOURING LIQUID AND ALL THESE RELIEF-GIVING, NON-GRITTY TABLETS I REQUISITIONED JUST FOR THIS MEETING? SUCH A SHAME THEY CAN'T SEE FOR THEMSELVES HOW WINGEL IS THE MIDDLE-OF-THE-ROAD ANTACID- DOESN'T TEND TO SWING TOWARD DIARRHEA OR CONSTIPATION...
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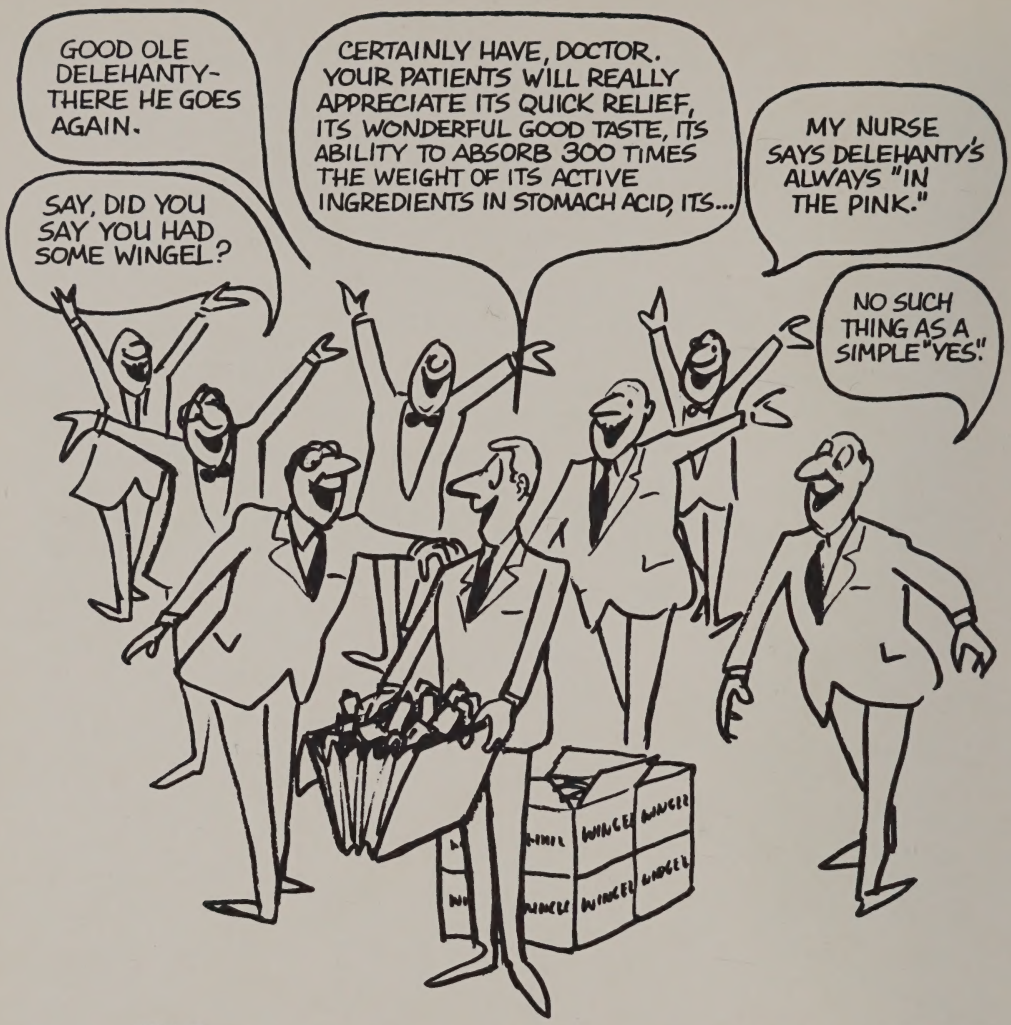
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MEDICAL MALPRACTICE

by Richard P. Bergen
Director, Dept. of Legal Research
Office of the General Counsel American Medical Association

(Editor's Note — This paper was delivered at a joint meeting of the Springfield Academy of Medicine, the Hampden County Bar Association, and the HDMS held on May 12, 1970 at the Shaker Farms, Westfield.)

The increase in premiums over the last three years has certainly been more spectacular in the field of liability insurance for physicians than it has been for any other professional or business group. There are several probable reasons for this, although no one can pinpoint a specific primary cause.

WELFARE PSYCHOLOGY

For a balanced understanding of the problem, physicians should always keep in mind that the malpractice insurance crisis is but one facet of a universal trend toward more liability litigation and higher damage awards. People who suffer an injury, real or imagined, are increasingly willing and ready to sue for damages. This is true in relation to automobile accidents, airline accidents, accidents in and around the home, injuries from defective products, all kinds of personal injuries, plus libel and slander, violations to the right of privacy and other rights and breach of contract. Suing neighbors or associates was once rather frowned upon in middle class society — now it's the smart thing to do. Part of the explanation is the general recognition that almost everyone has liability insurance of one kind or another.

Feeding this trend is a complementary one on the part of the courts and the juries — a trend toward easier imposition of liability and more generous awards. This, I believe is a part of the welfare state psychology. The middle class is increasingly coming to expect that it is entitled to compensation from someone for every misfortune that happens to occur. If compensation isn't provided by the government, it's provided by employee welfare plans or by insurance. If it isn't available from any of these then the only alternative is to sue someone.

Insurance contributes to this welfare psychology. In its social aspects, insurance is a method for spreading the costs of the risks among a wide public, either directly or indirectly. Everybody pays for compensation to the few who suffer a misfortune. Society imposes liability on the manufacturer for injury caused by a defective product, regardless of whether the defect was caused by negligence or whether its existence was even known. The man-

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ufacturer can buy insurance, add the premium to the price of his products and spread the cost among all the customers.

Liability law is rapidly moving in the direction of absolute liability, liability without fault. This condition is here already in matters of product liability. It is inexorably spreading to other areas. So far it has not been formally applied to malpractice liability, but the trend toward easier standards for proof of medical negligence seems to forecast the possibility of liability without fault in the malpractice at some future date.

MALPRACTICE LAWYERS

Malpractice litigation is but one facet of this burgeoning boom in litigation. Why then is malpractice insurance the first facet of the problem to reach or approach the crisis stage? One possibility is that problems which confronted the motorist, for example, on a gradually increasing basis over the last fifty years are suddenly beginning to catch up with the medical profession. In the past, physicians enjoyed a quasi-privileged status and were seldom sued. Maybe this was in part due to the famous bedside manner or the rapport of the patient with good old doc. The plaintiff's lawyers say it was the "conspiracy of silence," but I don't believe that the conspiracy was anything more than the normal reluctance of any professional man to burden a colleague with a damage suit by second guessing whether the colleague has measured up to the standards of professional practice.

I think that a major factor in the benefits enjoyed by physicians in the good old days was the fact that there were few lawyers in those days competent to handle malpractice cases. I have been told by outstanding trial lawyers on both sides of the fence that a malpractice suit is the most difficult of any personal injury suit to prepare and to try. Automobile cases are much easier and take less time. A lawyer can handle a bigger volume of easier cases and volume is the secret of financial success.

But you have to give credit to the legal profession. The need for malpractice lawyers existed and the profession developed the legal experts to meet that need. Thus we find today an increasing group of highly skilled specialists in malpractice law — specialists for the defense as well as specialists for the claimant. Their number still is small because medical malpractice litigation is still a drop in the legal bucket, compared with automobile liability litigation. However, the number will continue to grow and they will continue to become more skilled.

CONTINGENT FEES

This may be a good point at which to say something about the "contingent fee" system in the legal profession. Many sincere and honest physicians are convinced that this one aspect of the

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legal profession is the source of all the problems in medical malpractice.

In a sense they are right. In the same sense, Blue Cross is responsible for the population explosion because it pays for medical services which prolong life and decrease infant mortality. If claimants had to pay their lawyers on a fee for service basis regardless of whether their claim was won or lost, there would undoubtedly be fewer liability suits of any kind, whether malpractice or auto liability. In fact, if no other procedure were found to provide a means to pay for legal services, one could be sure that only the rich would have a chance to obtain compensation for their injuries.

Perhaps, lawyers ought to have a "Blue Scale" program comparable to the doctors' Blue Shield. Employers could provide this as a fringe benefit on a group basis or individuals could subscribe at a somewhat higher fee. The plan could pay lawyers the usual and customary fee for any service deemed reasonable and necessary for the clients welfare in the judgment of the attorney. For clients over 65, "Legalcare" could be financed by taxes.

Does this arrangement seem just and reasonable to physicians? If so, I predict that the lawyers will gladly abandon the contingent fee as soon as "Blue Scale" and "Legalcare" can be made operative. They will welcome the support of the medical profession in working for that goal.

Physicians should, however, support this proposal only because they believe that it is a more equitable way to pay for legal services. They should not be misled into thinking that it will lead to a reduction in the cost of malpractice insurance. As the surgeon is paid under Blue Shield even if the operation isn't successful, so the lawyer will be paid even if he loses the suit. The fact that the basis for liability is doubtful or the amount of provable damages is small need not deter him, he will be paid the usual and customary fee whether the case is big or small, won or lost. I would guess that the number of malpractice suits and the cost of insurance would reach new highs.

It should be remembered, however, that contingent fees for legal services are not permited in any country but the United States. Likewise, direct compensation for pain and suffering is not recognized in other countries, where it is not needed to make up for the contingent percentage paid to the lawyers and deducted from the recovery of successful claimant. In fact, public policy in the United States encourages litigation, while policy in other countries discourages litigation. This is undoubtedly a significant part of the reason why malpractice defense and indemnity is so inexpensive in Canada and Great Britain.

The public likes this encouragement of litigation. It won't give it up without a better alternative. The chances of outlawing the contingent fee arrangement are so small that they aren't worth talking about, even if that action were deemed desirable. It may, however, be desirable to bring about some judicial regulation of contingent fees to avoid extreme situations. One possibility might be a declining scale of percentage fees in relation to increasing levels of awards. This, however, is essentially the business of the legal profession and should be left up to that profession.

(To be concluded next month.)

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ONE MAN'S OPINION . . .

OUR IMAGE THROUGH THE AGES

"I don't think much of the medical profession but my own doctor is wonderful."
—Overheard in a waiting room.

Those of us who are concerned with medicine's current image may well find comfort in the knowledge that, over the years, our profile has fluctuated almost as much as milady's fashions and hemlines.

Since the only guidelines at our disposal is the written word, we may begin with the prophets of biblical times who apparently held our profession in fairly high esteem. Thus a quotation from Ecclesiastes reads: "Honor a physician with the honor due him for the uses ye may have of him." The Hebrew Talmud, as another example, admonished all the faithful never to spend a night in a city or town where no physician was available.

Plato, it would seem, had mixed feelings about our profession. Socially, he welcomed the physician into the most select circle, but in his classification of the "residua of the souls" into nine grades, he placed him no higher than fourth. Hippocrates and Galen said some very nice things about our profession but since both were physicians, their views might well have been slanted. The Greek dramatists, on the other hand, often delighted in poking fun at our calling. Aristophanes, for instance, satirized quite sharply, and with ample reason, the healing rituals, the face masks and the mumbo-jumbo of the votaries of Asclepius. For centuries to come, including the Renaissance, our profession fared very poorly in the eyes of the theologians who saw in the sprouting medical sciences a threat to religion and divinity. The philosophers, however, seemed much more sympathetic to our cause. The following quotation is from the writings of Voltaire (1694-1778) who incidentally was rarely given to flattery: "No man is more worthy of esteem than a physician who, having studied nature from his youth, knows the properties of the human body, the diseases which assail it, and the remedies which will benefit it, who exercises his art with caution, and who gives equal attention to the rich and the poor."

Students of Shakespeare claim that he heaped more scorn than praise on our profession, but the poets that fol-

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lowed him often paid us high tribute. It was Alexander Pope who wrote:

"A wise physician, skilled our ills to heal, is more than armies to the public weal."

The most extravagant praise — extravagant enough to bring a blush to every medico's cheek — was offered in 1886 by Robert Louis Stevenson when he described the physician as "the flower of our civilization" and as the embodiment of "tact," "generosity," "discretion," and "Heraclean cheerfulness and courage." A little embarrassing, isn't it?

Turning now to our own century we again find that the quality of our image has been subjected to a number of ups and downs. Sinclair Lewis ("Arrowsmith") and Soubiran ("The Doctors," "The Healing Oath") have largely overromanticized our profession, but Cronin ("The Citadel") and Slaughter ("That None Should Die") could hardly find a kind word for English and American medicine respectively. In the last decade or so a number of second or third rate "medical" novels have appeared on the market. Some of them portray the M.D. as hero or saint; others, picture him as devil or knave. Unfortunately, they are all so far removed from reality as to make our profession totally unrecognizable. Their only rivals are Hollywood's fantasies and TV's soap-operas. AND FINALLY . . .

The primary purpose of the above paragraphs was to trace, at least briefly, our public image through the ages. Quite unexpected was the discovery that our professional fore-fathers were apparently no less concerned with their image as we are today. How else are we to explain the following remarks uttered more than seventy-five years ago?

> "Tis no idle challenge which we physicians throw out to the world when we claim that our mission is of the highest and of the noblest kind, not alone in curing disease but in educating the people in the laws of health, and in preventing the spread of plagues and pestilences; nor can it be gainsaid that of late years our record as a body has been more encouraging in its practical results than those of the other learned professions. Not that we all live up to the highest ideals, far from it — we are only men. But we have ideals, which mean much, and they are realizable, which means more. Of course there are Gehazis among us who serve for shekels, whose ears hear only the lowing of the oxen and the jingling of the guineas, but these are exceptions. The rank and file labour earnestly for your good, and self-sacrificing devotion to your interests animates our best work."

The above quotation is from an address delivered at McGill Medical School on October 1, 1894 by none other than Sir William Osler.

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HIGHLIGHTS OF THE SEPTEMBER EXECUTIVE COMMITTEE MEETING

The Executive Committee met on Tuesday evening, September 15, 1970 in the Conference Room of HDMS. The meeting convened at 8:10 P.M.

Present were Drs. Turner, Fisher, Moore, Sullivan, Verrilli, Kelly, Bandeian, Mozden, Cummings, Gilchriest and Mrs. Purdy.

The minutes of the June meeting were read by Dr. Verrilli and accepted as read.

Dr. Memery, Chairman of the By-Laws Committee, had been invited to attend the meeting to present the report of the By-Laws Committee. The Ad Hoc Committee on Interhospital and Community Health Planning had asked for a by-law change to protect physicians from being discharged from hospitals without due process. The Committee felt this was not feasible unless done in conjunction with each hospital's by-laws. The Executive Committee suggested that the Interhospital and Community Health Planning Committee be made a standing committee and defined as such with the Vice-President-Elect of the HDMS as chairman and the Vice President of each hospital staff as a member, thus making fourteen members. The Executive Committee was in complete agreement with this and Dr. Memery was asked to have the By-Laws Committee draw up a new amendment to the by-laws to make the Interhospital and Community Health Planning Committee a standing committee. Dr. Memery was excused with thanks.

CORRESPONDENCE

The Massachusetts Heart Association has asked to present a program on resuscitation at one of the HDMS meetings. Since speakers have been procured for all the meetings for this year, it was voted to have this program at the April meeting. The Heart Association will be so informed.

Dr. Pace was invited to attend the Executive Committee meeting to present his plea for a contribution to the CVPHC, Inc. Two letters had been sent — one from Dr. Pace and one from Mr. Atkinson, President, explaining the future plans of the Council over a five year period. After a lengthy and informative presentation, Dr. Pace was excused with thanks. The Executive Committee voted to contribute $500 to the CVHPC, Inc., when convenient

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since it had been not budgeted for this year.

Two letters from Mr. Monte R. Flagg, Supervisor of Health Instruction of the Springfield Public Schools, were read. The first was concerned with planning of a summer workshop for physical education teachers and coaches of contact sports in the area of prevention and first aid treatment. He presented twelve different areas to be considered and asked for physicians to help teach these courses. It was suggested that this be referred to the Public Relations Committee for disposition. The second letter asked for a physician to cover twenty-two football games this fall. The Committee suggested that Mr. Flagg contact fathers, who are physicians, of children in the Junior High classes.

A letter from the Third National Bank was read concerning residents who have over-extented their credit. A counselling service has been installed, and Mr. Russell asked to present this objective to the HDMS. It was voted to decline with regrets at this time.

OLD BUSINESS

Dr. Hough sent an excellent report on Senator Brooke's Inter-city Youth Program with two recommendations:

1. That an appropriate committee of the MMS be requested to investigate current statutes covering health examinations for summer camps and institute modifications to bring this statute in line with current medical recommendations. The Executive Committee voted unanimously for this.

2. That a committee be formed by the HDMS to investigate the best method of providing health examinations for those summer camps sponsored by social agencies in the community. The Executive Committee voted in favor of this. However, this should take place after the first recommendation is answered by the MMS.

NEW BUSINESS

It was voted and passed by the Committee to invite Dr. Wesley Hall, Vice-President and President-Elect of the AMA, to speak at the February HDMS meeting, and it was also voted to invite the members' wives to attend this meeting.

The business meeting was adjourned at 10:00 P.M.

The Grievance Committee met and heard eight cases.

The meeting was adjourned at 10:40 P.M.

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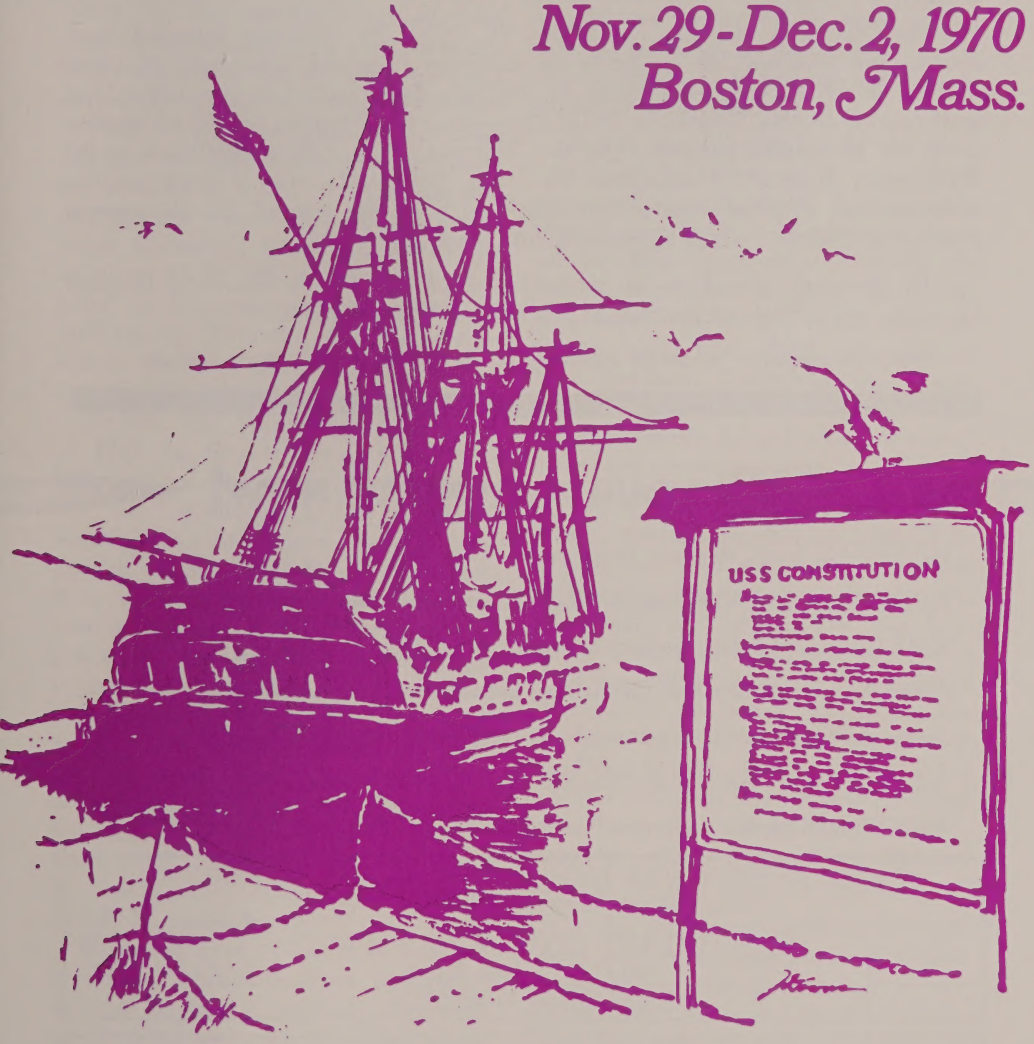

IN MEMORIAM

WALTER NEWMAN, M.D.

1900 - 1970

Dr. Walter Newman of 395 Porter Lake Drive, Longmeadow, was fatally stricken suddenly near his office in Springfield on September 10, 1970.

Born in Graz, Austria, on August 29, 1900, Dr. Newman attended local schools and received his doctorate in medicine from the University of Graz, Austria, in 1923. After completing his training, he practiced in his native land until coming to this country in 1938. Thereupon, Dr. Newman served residencies at the St. Elizabeth's Hospital, Lincoln, Nebraska, from 1939 to 1940 and at the Washington Hospital, Washington, Pa., from 1940-1941. After a brief practice in Brunswick, Me., he came to Springfield in 1941 and entered into the general practice of medicine, which he pursued until his demise.

Dr. Newman served on the medical staff of the Wesson Memorial Hospital for many years. He was a member of the AMA, MMS, and HDMS.

Deepest sympathy is hereby extended to his family and his many friends.

mark your calendar now!

HDMS-SAM Joint Meeting, December 8.

HDMS Executive Committee Meeting, November 17 and December 15.

MMS Council Meeting, Boston, February 10, 1971.

American College of Chest Physicians, Los Angeles, October 25-30.

American College of Gastroenterology, New York, October 25-31.

American Heart Association, Atlantic City, November 10-17.

AMA Clinical Meeting, Boston, November 29 — December 2.

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LEGISLATIVE CAPSULE

by

JAMES D. ALLAN, M.D.
HDMS LEGISLATIVE COUNCILOR

The primary elections are behind us, and I can only hope that each of you exercised your franchise to vote. It would be naive of me to think that 100% of our members actually did vote. Over the years you, my colleagues, have impressed me by your eloquent verbal expressions in favor of individual freedom within responsible bounds. Anyone who doubts this need only read the minutes of a staff meeting wherein this concept was challenged. As Legislative Councilor, I call on all of the members of HDMS to live up to your belief in this ideal and cast your vote on Tuesday, November 5th. Please contribute $5.00 or more to the candidate (s) of your choice.

On the first Wednesday in January of 1971 the General Court will reconvene and continue its deliberation under the Constitution of the Commonwealth as written during the last convention of 1917-1918. The People's petition, which would have allowed us to vote on the size of the House, was disgracefully stopped from reaching the voters this November by the present General Court. You should try to remember those who vehemently prevented you from voting on such an important matter. Conversely, those legislators such as Representatives Vernon Farnsworth, Alan Sisitsky and James R. Nolen, who fought for your rights, should be remembered.

When the General Court reconvenes, it will not be quite the "new ball game" those of us closely working with medical legislation would like. The recent series in the *Springfield Union* which pointed out the extreme lopsided position of the two-party system in the Commonwealth is another point to be considered in evaluating a potential candidate. Our District is a good example since the Democratic Party outnumbers the Republican Party 21 to 3. This is a very poor balance for any democratic means of representation, but should not cause you to vote against a good legislator no matter what party he represents. It is pointed out only to give you some facts.

During the last session of the General Court the technique of "voice vote" was used and this makes it impossible to tell you how our legislators voted on the bills (petitions) in which the Society had taken a stand. All of the bills submitted by the MMS were defeated except one, which was referred to a Judiciary Committee for recommendations. About the only bill which we successfully helped along the way concerned safer eyeglasses.

Next year we will re-introduce the bills to restrict chiropractic, and I'll be looking for your help! On this score we have had the support of Rep. Vernon Farnsworth of Longmeadow and Rep. James Adams of Westfield. There is a good possibility of getting Sen. George Hammond's assistance, which we lost two years ago. All the other legislators from this area have consistently voted for the chiropractors (when recorded votes have been taken). We will continue to inform them of the dangers inherent in this form of quackery.

On the national scene there are four major bills concerning National Health Insurance. At this time I will merely mention their titles and go into details later. They are (1) AMA's Medicredit Bill, H.R. 18567; (2) AFL-CIO N.H.I. Act, H.R. 15779; (3) Committee of 100 Health Security Program (Walter Reuther's Committee introduced by Sen. Kennedy), S 4297; and (4) Medicare For All (Javits) S 3711.

HAMPDEN CAPSULES

Abraham C. Kovarsky has resigned from HDMS.

Arnold R. Perlman has resigned from HDMS.

Howard A. Trachtenberg has transferred from Suffolk to HDMS — anesthesiology at Springfield Hospital Medical Center.

Samuel J. Brendler transferred from Middlesex South to HDMS — neurosurgery with Dr. Asinas.

Dr. Daniel Hart formerly on the staff of the Springfield Hospital Medical Center has moved to Southington, Conn.

Dr. H. H. Shuman has been appointed director of a special care nursery for newborns at Wesson Women's Hospital.

Dr. Zadworny was chairman for the program presented by the Pioneer Valley Chapter of National Foundation-March of Dimes "The Adolescent of Today."

Dr. Stanley J. Swierzewski will become associated with Dr. Robert A. Kelley to practice urology.

Dr. Larson spoke at a symposium at Springfield Hospital Medical Center on "Medicine and Social Issues."

Dr. Leroy Kendrew talked to the Chamber of Commerce, Women's Division, on "Drug Abuse in the Community."

Dr. Richard K. Douglas was named by Governor Sargent to be an Associate Medical Examiner for the Fourth Hampden District.

Dr. Robert Moriarty is participating in a country-wide chain cooperating with CBS in New York to put together a national map of air pollutants.

Dr. William Kisiel celebrated his twentieth year of demonstrating casts at the convention of the AMA in Chicago.

Dr. Robert M. Abrams was elected to the School Committee in Holyoke.

Drs. John Turner and John Bandeian and Mrs. Purdy attended the President's Conference in Framingham on Sept. 30th.

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PROGRAM 1970 - 1971

Oct. 21, 1970	A. Louis McGarry, M.D. Director of Legal Medicine for the State Department of Mental Health	Mental Health Reform Act of 1970
Nov. 18, 1970	Peter Sifneos, M.D. Associate Director, Pschiatry Department, Beth Israel Hospital Clinical Director at Harvard University Medical School	Psychosomatic Medicine A. Psychotherapy B. Research
Feb. 17, 1971	Raymond Veeder, M.D. Senior Clinical Director Institute of Living	Treatment of Young Schizo- phrenics with Psychopathic Tendencies
Mar. 17, 1971	Graham B. Blaine, Jr., M.D. Chief, Psychiatry Service Harvard University Medical School	Adolescent Psychiatry — Evolving Problems and Practical Treatment
Apr. 21, 1971	Milton M. Berger, M.D. Psychoanalyst New York City Co-Editor — Group Psychotherapy and Group Function: Selected Readings	Video-Group Therapy

The Education Committee has arranged a program to consider key areas of interest to psychiatrists in Western Massachusetts. Support by regular attendance is solicited to keep this professional society vibrantly alive. Location of meeting place will be announced by letter monthly. Speakers have agreed to a question and answer period. Regular meetings are on the third Wednesday of the month. Social Hour 6:30 P.M. Dinner subjects, format or type of meeting are eagerly sought.

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